

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL034094

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING

(X3) DATE SURVEY
COMPLETED

11/19/2015

NAME OF PROVIDER OR SUPPLIER

BROOKSTONE TERRACE

STREET ADDRESS, CITY, STATE, ZIP CODE

4430 CLINARD ROAD
WINSTON SALEM, NC 27102(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
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C 000 Initial Comments

C 000

Report of Biennial Construction Survey by Dennis
Harrell on 11-19-2015.

Records indicate this facility was first licensed on
6-23-1997, for 40 residents. Based on this
information, the facility is required to meet the
1996 10 NCAC 42D - "Rules for the Licensing of
Adult Care Homes", the applicable portions of the
2005 "Rules 10A NCAC 13F for Adult Care
Homes of Seven or More Beds", and the 1996
Edition of the North Carolina State Building Code
- Volume I-General Construction Section 409
Institutional Occupancy - Group I.

C 111 Must Have Current San. & Fire Safety Reports

C 111

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0302 DESIGN AND
CONSTRUCTION

f) The facility shall have current sanitation and
fire and building safety inspection reports which
shall be maintained in the home and available for
review.

This Rule is not met as evidenced by:
Based on a review of documents, the most recent
sprinkler inspection report dated 6-5-2015, listed
deficiencies. There was no supporting
documentation to indicate the deficiencies had
been corrected.

Listed deficiencies include:

- a. "Dry pipe valve accelerator out of service upon
arrival (would not reset)."
- b. "Dry pipe valve accelerator needs rebuild kit
service or replacement."

C 150 Corridors-Free of equipment and Obstructions

C 150

12/15/15
See attached Tyco
Simplex grinnel
invoice. Deficiency
corrected by rebuilding
the Viking D2 accelerator.
Our maintenance dept.
has been made aware
that all inspections
must be signed off on
by the administrator
prior to being filed
in the appropriate
binder so over looked
items will no longer
happen

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jeresa Dillon

TITLE

Administrator

DATE

12/30/15

STATE FORM

5899

6BXX21

If continuation sheet 1 of 4

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C 150 Continued From page 1

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0305 PHYSICAL
ENVIRONMENT(g) The requirements for corridors are:
(4) Corridors shall be free of all equipment and
other obstructions.

This Rule is not met as evidenced by:
Based on observation, the magnetically locked
exit door near the dining room in the Memory
Care Unit is equipped with a lever type latchset.
The latch requires special knowledge to operate
and open and could therefore delay or prevent an
evacuation in an emergency.

Finding includes:

The latchset will not open the door unless the
latch is pulled upward. The natural tendency is to
push a lever latch downward.

C 150

11/23/15
The latchset on the
indicated door has
been replaced.
See receipt from
Lowes Home Center.
Maintenance is now
aware that latch set
handles in this
condition must be
promptly replaced.

C 189 Building Equipment Maintained Safe, Operating

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0311 OTHER
REQUIREMENTS(a) The building and all fire safety, electrical,
mechanical, and plumbing equipment in an adult
care home shall be maintained in a safe and
operating condition.(k) This Rule shall apply to new and existing
facilities with the exception of Paragraph (e)
which shall not apply to existing facilities.

C 189

This Rule is not met as evidenced by:

1. Based on observation, the magnetic locks in
the Special Care Unit released upon activation of
the fire alarm system but then locked when the
fire alarm system was silenced. Magnetic locking
that re-energizes and locks before the fire alarm

12/2/15
Fire panel has been
revised by Edwards
Electric. Silencing alarm
and checking mag locks
has been added as a
step on our fire drill form.
See attached

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C 189 Continued From page 2

C 189

system is fully reset could delay or prevent an evacuation in an emergency.

2. Based on observation, the cross-corridor doors near room 116 are equipped with latching hardware. When the doors were closed by activation of the fire alarm system one door failed to latch closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.

3. Based on observation, many corridor doors are not closing well and/or latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.

Findings include:

- a. The 1 hour fire rated door to the laundry was propped open.
- b. The 1 hour fire rated door to the laundry would not close completely and latch because it was dragging on the frame.
- c. The door to room 116 will not latch when closed.
- d. One of the doors to the living room in the Special Care Unit is propped open with furniture.
- e. The pair of doors to the living room in the Special Care Unit could not automatically latch when closed because of improper hardware.

4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can

2.

11/24/15
This door has been adjusted to close securely by our maintenance person. Verifying that all fire doors close securely has been added as a step on our fire drill form. See attached.

3. a.

11/19/15
There is now a sign on laundry room door reminding staff to not prop door open.

b.

11/24/15
Door has been adjusted to close securely by our maintenance person.

c.

12/1/15
Door has been adjusted and new transition piece has been installed by our maintenance person. Door now latches securely.

d.

11/19/15
Furniture has been moved away from door.

e.

magnets have been installed on door to keep them open. Closures have been installed to close and latch door securely when magnets release. 12/28/15

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C 189 Continued From page 3

quickly spread to other areas of the facility.
Finding includes:
There were several unprotected PVC flues (4)
penetrating the ceiling in the storage room in the
Assisted Living part of the facility.

5. Based on Observation, the building was not
maintained in a safe manner by not properly
handling portable medical oxygen cylinders. This
could affect all residents, staff and visitors if
cylinders fall, breaking their valves, propelling the
cylinder and turning it into a dangerous projectile.
Findings include:

a. Several portable medical oxygen cylinders
were stored in an unapproved beverage crate in
room 115.

b. One portable medical oxygen cylinder was
stored in no container in the Special Care Unit
Co-ordinator's office.

C 189

4.

12/1/15

Fire collars have been
purchased and installed
on 4 PVC flues noted.
See attached invoice

5a.

11/20/15
Supplier replaced the
beverage crate with
an appropriate rack
for oxygen tanks in
Room 115.

b. ACD has been made
aware that tanks must
be contained, no exceptions.

Oxygen is already an
item on our QI report
for Managers Daily
Rounds. It has been
brought to the attention
of all managers to
verify proper tank
storage as they make
their rounds. See
attached QI form.

Safer. Smarter. Tyco.™

TR#

TASK/CALL #

PROJECT #

540 Civic Boulevard, Suite 105
Raleigh, NC 27610
P 919-278-6400 F 919-255-3401

LICENSE #

NAME Brookstone Terrace
ADDRESS (OR ATTENTION OF)
ADDRESS
CITY STATE ZIP
TR ARRIVAL DATE BILL NON-BILL SERV. COMPL. ACE CODE NAT. ACCT.
NAME (BILL TO)
ADDRESS
CITY STATE ZIP

CUSTOMER PURCHASE ORDER

LABOR - REG.	LABOR - OT	LABOR - DT
TRAVEL - REG.	TRAVEL - OT	TRAVEL - DT
MIN.	INSR. MONTH	
PHONE		MILES

"PUT CUSTOMER STAMP ON ALL 3 PAGES"

WE STRONGLY RECOMMEND IMMEDIATE CORRECTION OF ANY DEFICIENCIES/IMPAIRMENTS IDENTIFIED. WE URGE YOU TO NOTIFY THE LOCAL AUTHORITY HAVING JURISDICTION AND YOUR INSURANCE CARRIER WITHOUT DELAY.
SimplexGrinnell, proposes to furnish the work, and/or materials hereinafter described, subject to the terms and conditions outlined below.

I authorize SimplexGrinnell to proceed with the work as agreed to and outlined below:

Customer signature Alice Payne

Date 12-15-15

PAYMENT TERMS
☐ Time and Material ☐ Price Not to Exceed \$ ☐ Fixed Price of \$ ☐ IMMEDIATE ☐ COD ☐ NET 10 ☐
DEPOSIT \$ BALANCE DUE \$ ☐ BILLABLE ☐ NON-BILLABLE

SCOPE OF WORK / PROBLEM CODE Deficiency Repair
WORK PERFORMED / RESOLUTION CODE Rebuild Viking D2 Accelerator

GRP	PRODUCT I.D.	SERIAL # / DESCRIPTION	QTY.	COST	NO.	USG.	UNIT PRICE
SYSTEM TYPE/LOCATION			CONTACT NAME		TOTALS		

IMPORTANT NOTICE TO CUSTOMER
Customer acknowledges and agrees to the terms and conditions on the reverse side of this Service Request, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.

CUSTOMER ACCEPTANCE
Alice Payne
(Customer Acceptance)
ALICE PAYNE
(Print Name)

SIMPLEXGRINNELL LP
[Signature]
(SimplexGrinnell Representative)
[Signature]
(Print Name)

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Service Request Form



LOWE'S HOME CENTERS, LLC
935 HANES HALL BLVD.
WINSTON-SALEM, NC 27103 (336) 768-2400

- SALE -

SALES#: S0436SB3 1890786 TRANS#: 68299815 11-23-11

25104 SCH SK ENTRY LVR ACCENT 46.97
308840 SATIN NICKEL MAGNETIC DOO 12.76
2 6 6.38

SUBTOTAL: 59.73

TAX: 4.03

INVOICE 13707 TOTAL: 63.76

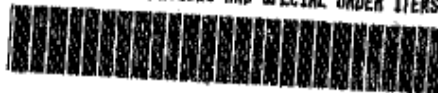
CASH: 64.00

CHANGE: 0.24

STORE: 0436 TERMINAL: 13 11/23/15 12:30:49

OF ITEMS PURCHASED: 3

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.
SEE REVERSE SIDE FOR RETURN POLICY.
STORE MANAGER:

WE HAVE THE LOWEST PRICES, GUARANTEED!
IF YOU FIND A LOWER PRICE, WE WILL BEAT IT BY 10%.
SEE STORE FOR DETAILS.

* YOUR OPINIONS COUNT! *
* REGISTER FOR A CHANCE TO WIN A *
* \$5,000 LOWE'S GIFT CARD! *
* REGISTRESE PARA TENER LA OPORTUNIDAD DE GANAR UNA *
* TARJETA DE REGALO DE LOWE'S DE \$5000! *
* REGISTER BY COMPLETING A GUEST SATISFACTION SURVEY *
* WITHIN ONE WEEK AT: www.lowes.com/survey *
* YOUR ID # 13707 0436 327 *
* NO PURCHASE NECESSARY TO ENTER OR WIN. *
* VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER *
* OFFICIAL RULES & WINNERS AT: www.lowes.com/survey *

STORE: 0436 TERMINAL: 13 11/23/15 12:30:49

payment as a check
inquiries please call 1-800-445-1181

THANK YOU FOR SHOPPING HARRIS TEETER
CORPORATE CUSTOMER SERV 1-800-432-6111
OR WWW.HARRISTEETER.COM

for SCU entrance door
for SCU living Room doors

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Fire/Disaster Monthly Drill

Name and location of Community _____

Date: _____ Shift _____ Time of Drill _____

Location of Simulated Fire or Disaster Drill _____

Response time of Staff _____

Notification of Method Used: _____

of Residents Evacuated: _____ Weather Conditions: _____

Verify Magnetic locks remain deactivated when fire system silenced: yes/no

Verify all fire doors automatically closed and latched: yes/no

Comments: _____

Signature of Persons Responding:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Drill conducted by: _____

Administrator's Signature: _____

JOB # 218598

DATE: 12-2-15

Edwards Electronic Systems

P.O. Box 39
3821 Powhatan Road
Clayton, NC 27520
919-359-2239
Fax 919-359-2913

Service to: BROOKSTONE TERRACE
4430 CLINARD RD
CLEMMONS NC 27012

Bill to: SAME

Phone: (336) 766-5000
Requested by: Teresa Dillea

() - -
P.O. #:

Service Type: ☐ System Checkout
☐ Warranty Repair
☒ Demand Service
☐ PMA(1/2/3)
☐ Training

System(s) Serviced:

☒ Fire Alarm
☐ Security
☒ Nurse Call
☐ Communications
☐ Other

Manufacturer: ESTModel#: QS

Service Performed:

Installed pzm relay on aux relay 4 on fire panel
Pulled wire from fire panel to power supply
Rewire mag lock shut down and aux mag locks stay down
when panel is silenced

On nurse call cleaned room 9 + 4 emergency bath now
they both work

Equipment Used				Additional Equipment Needed			
1	RELAY	PAM-1					

Service Rep: Jim ClineCustomer Rep: Bob Kish

Complete ☒ Additional Labor ☐ Additional Parts ☐ No. Techs 1 Reg. Hrs: 3 OT. Hrs. ☐ Travel: ☐



call 855.289.9676 email askZoro@zoro.com
click www.zoro.com or www.zorocanada.com

PACKING LIST

U296675898

BUYER: TERESA LYNN DILLON

ORDER # SO3475215

SHIPPED TO: TERESA LYNN DILLON
6646 Knob Hill Ct
Clemmons NC 27012

DELIVERY # 6308262717

DATE	SHIPPED VIA	CUSTOMER P.O.	Page 1 of 1		
11/20/2015	UPS GROUND	Zoro 13379637			

Order Qty	Ship Qty	B.O. Qty	Product Number	MSDS Number	Stock	Description
4	4	0	G1443486		3BE67	Pipe Collar,3 in.,For Plastic Pipe
						Order weight is : 1.6 lbs

Your invoice will be mailed separately

Thank You for Your Business!

www.zoro.com or www.zorocanada.com

Include Stuffers :

THESE ITEMS ARE SOLD FOR DOMESTIC
CONSUMPTION IN THE UNITED STATES. IF EXPORTED,
PURCHASER ASSUMES FULL RESPONSIBILITY FOR
COMPLIANCE WITH US EXPORT CONTROLS.

Managers Daily Rounds

Manager Name: _____

Date: _____

Hall: AL Room # 111A Room # 111B Room # 112 Room # 113

Check where task is completed.

Grooming

Bath per Assigned
Neatly Dressed
Men Shaven
Hair Groomed
Nails Clean
Nails Trimmed
Mouth Care
Personal bin stocked

Environment

Bed Made by 10:30 A.
Linens Clean
Closet neat
Bathroom Clean
Trash Emptied
Floor uncluttered
Lights Working
Call bell working
W/C, walker clean
Room temperature

Special Needs

Oxygen
TED Hose
Diet order followed

Comments/Follow up
